

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035803

1. Entity Name

THE LAW OFFICES OF LORETTA SIMON, P.A.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90047 040 ***150.00

Principal Place of Business

Mailing Address

11645 BISCAYNE BLVD.
STE 305E
MIAMI FL 33181

11645 BISCAYNE BLVD.
STE 305E
MIAMI FL 33181-3139

2. Principal Place of Business

3485 W. Flagler St.

3. Mailing Address

3485 W. Flagler St.

Suite, Apt. #, etc.

Ste. 500

Suite, Apt. #, etc.

Ste. 500

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0334623

Applied For

Not Applicable

Zip

33135

Country

Miami-Dade

Zip

33135

Country

Miami-Dade

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMON, LORETTA V
11645 BISCAYNE BLVD.
STE 305E
N. MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

LORETTA Simon

Street Address (P.O. Box Number is Not Acceptable)

3485 W. Flagler St.

Ste. 500

City

Miami

FL

Zip Code

33135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Loretta Simon

Loretta V. Simon, President

3/16/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SIMON, LORETTA V	
STREET ADDRESS	11645 BISCAYNE BLVD., STE 305E	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loretta V. Simon	
STREET ADDRESS	3485 W. Flagler St., Ste. 500	
CITY-ST-ZIP	Miami, FL 33135	
TITLE	VPID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yvette Macias	
STREET ADDRESS	3485 W. Flagler St., Ste. 500	
CITY-ST-ZIP	Miami, FL 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Loretta Simon

3/16/00

305-226-6012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)